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Children Living With Relatives

A Radio Talk by ADELAIDE JOHNSON, M.D.

Psychiatrist of the Institute for Juvenile Research, Chicago, Illinois

(The Illinois Society for Mental Hygiene, through the facilities of their local broadcasting station, produced a series of radio broadcasts on the Mental Hygiene Problems of the Foster Child. Three of these addresses, dealing with children living with relatives, foster parents and in institutions, have been made available for publication in this BULLETIN.

The following is the first in the series and was broadcast on January 12th in Chicago.)

THE really secure contented life of a child in the home with his own parents is a relationship achieved only with great affection and understanding from the parents, since the complexity or sensitiveness of personalities is so great. To achieve security and contentment for a child who has lost one or both parents through death, divorce or desertion is often very difficult.

When children are left bereaved, or become members of broken, disturbed homes, we always think first, and rightly so, of the possibilities for this child's living with relatives. Experience has shown thousands of times that if relatives are found who are affectionate and warm for the child's own sake, this is the place where he should be if he cannot be with his parents. The reasons are familiar to us all, but need emphasis. The fundamental need of this child is that no matter what he does he must always feel that he is accepted without reservations. Relatives who still accept and understand the child in spite of any mistake on his part, are relatives whom we can be sure love him for his own sake, and have not taken him in order to be repaid for what they regard as their "charity." Even the very young child feels a certain pride, self-esteem and status living with an aunt or uncle which he has far greater difficulty attaining in a foster home with all other things being equal. The little child, as much as, or at least more than, we, has feelings of uncertainty about how much people really like him and want him, and even with relatives he needs much reassurance of their devotion. Many of us feel that with our parents we are still secure, and suffer no serious rejection at their

hands, if we are thoughtless, impulsive and foolish in our judgments. With people other than our parents we often are faced for the first time with the fact that we cannot take adults and our position for granted. Children without parents frequently indicate clearly that the best bolster to their pride and feeling of being wanted in this world is to live with an aunt or uncle. How often those children in foster homes call the adults aunt and uncle because "the neighbor children will not think I'm an orphan then!" One cannot escape the painful flush of humiliation and depression on the face of the little child when the neighbor boy shatters his illusion with, "I know she isn't your aunt and don't kid me." One little girl of 7 said to me, "Please let me go to a family where I can call the lady my aunt, and then the kids won't think I'm just an orphan."

Other factors of a beneficial nature enter into our thinking about placement of children with relatives if a home is broken. With exceptions as always, we recognize the great advantage of similarity of cultures and family ideals common to relatives and the child's parents. We are all familiar with the fact that even a change of schools or neighborhood may cause real anxiety in a child who has the security of being with his own parents. Now to move to the home of people whose economic, culture and ethical standards differ greatly from those of his parents, can create marked insecurity and confusion in a child. Relatives often are more apt to provide an environment with less dissimilarity in family tradition than strangers. This similarity between relatives and parents cannot always be found, however, and then the adjustment is more difficult. It is even more complicated if, with this difference of standards, the parent is still living and seeing the child from time to time, for then the relatives and parent disagree on standards for the child and the child may become the center of their turbulent crossfires. This situ-

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ation should be terminated as calmly and quickly as possible.

The attitude of the relatives toward the parents, deceased or alive, is a crucial question and should always be thoroughly understood. Fortunately many relatives have loved the child's parents and completely carry over that affection to the child. There are numerous instances, however, where the relatives have thoroughly resented and rejected the parents and their attitudes. Relatives may then make the mistake of criticizing the parents in the presence of the child who may have great feelings of loyalty to his parents. This criticism arouses intense anxiety in the child and even though the relatives have the finest standards, the child may become so hostile, an adjustment is impossible. Along with censure of the parents, the relatives may, when they see the child in error, criticize him in the same vein as the parent, "You are just as undependable and stubborn as your father was." The child may then react with all degrees of sullenness and anti-social behavior, feeling "What's the use? I'm no good like my father," as one discouraged delinquent boy said to me recently while discussing the causes of his trancies and stealing. To identify these children with wayward parents even by the slightest implication is to run the risk of wrecking any trusting relationship with the child. Relatives may not be in the least blunt in indicating this to the child, but may do it just as ruinously indirectly and unconsciously. One uncle and aunt were taking the 8-year-old daughter of the aunt's sister. This sister had been quite irregular in her personal life and the aunt and uncle feared a repetition of this looseness in the little daughter. They told us they had bought special books on psychology and taken two courses at the University to prepare them to cope with this threatening situation. They were so disturbed about the whole business that they watched the little girl like G-men in her play with her little friends. Their questions concerning her play were so charged with suppressed concern that the little girl could not help but sense anxiety in their whole attitude. Of course, she withdrew, becoming uneasy and silent, telling less and less of her life with her playmates. By this time the aunt and uncle were rejecting the child with the belief that her lack of confidence and her secretiveness were symptoms of just that hereditary taint from the mother they had feared. Fortunately these people were interested in having help, and with a little reassurance and suggestion here and there, the estrangement from the child lessened and the breach closed.

The question should always be raised, it would

seem, when a child is being considered for placement with a relative—why do the relatives wish to have him? We hope it is because they are affectionate, warm, unselfish people who want to have the child just to make him happy. At times relatives want the children because these relatives can feel important only when they have people dependent on their generosity—such people always exact appreciation for what they give. They express this need for appreciation in hundreds of ways, which, as we shall see, is a boomerang. You and I have heard such remarks to children countless times—"You don't seem to appreciate all we have done." "We stayed home from Florida to keep you company, and then you spend all your free time with your friends." "It would seem the least you could do would be to get better grades in school—instead you look like a tramp and dally your time away in school." What is the result? That night the aunt complains to her husband—"When I tell him all we have done for him, he only looks sullen." We all know quite well how unhappy or angry such remarks even from our own parents would make us—let alone from a relative who implied we were objects of his good charity. It is a hard job for any parent or relative to give his best and be taken for granted, but it is necessary, and in time the child will respond favorably often, whereas to chide him about ingratitude may antagonize him and estrange him forever.

At this point I cannot pass on without mentioning the most sensitive of matters—money! Is this child's board being paid, and what are the attitudes of all concerned? Any relative who takes a child just for the money involved may well receive just that—board money—nothing else, unless it be the difficulty of living with an unhappy child whose insecurity may make him a terrible behavior problem. The child must have affection for his own sake and not for his board money. Let me illustrate: A 12-year-old little girl was brought to us by the Court for having suddenly developed, six months before, truancy from home and stealing from her grandmother. This was a striking change in the formerly happy busy school-girl. Social workers found the child secretive, sullen, and withdrawn, unwilling to talk of the matter. After a period of reassurance concerning our interest and sympathy, the child told of having received a frightful blow one night six months before. She had no father and her mother, then out of work, had been unable to pay her grandmother the child's board. In the night our little patient (Tessie) awakened and heard her grandmother telling her son that since

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In Support of a Staff Nurse

ALICE W. RUE

Executive Secretary, The Children's Bureau of Delaware, Wilmington

BECAUSE of its responsibility for placement of tiny babies, the Children's Bureau of Delaware is especially interested in the kind of supervision which should be provided for its infants by a placement agency. Many agencies undoubtedly use their regular case workers for this responsibility—as we did until a year and a half ago. They know, as we know, that these workers, although they may be excellently trained in the skills of case work, have seldom had the advantage of actual training in the physical care of babies. They stress, as we stressed, the fact that the emotional relationship between the foster parents and the baby is a major point of responsibility. But our agency has recently thought through a different philosophy which we feel is the basis for a much more helpful experience for our babies.

In the first place we feel that, granting love and affection of a foster parent for a baby, the first important responsibility of the agency is for the baby's physical care. How does the foster mother prepare the formula—and what formula? Does she follow the doctor's directions or does she rely on her own judgment? Is the baby's bath carefully planned or haphazard? Are the baby's clothes suitable and laundered with special care, or put in with the family wash? Does the baby have a good, firm bed of his own or a make-shift mattress? Does the foster mother understand about room temperature? Does she know how to give a sun bath—and the importance of daily airing and exercise? Does she plan the baby's day or does the baby keep her running? All of this knowledge the worker can gain in time—at the expense of several babies who are deprived of really responsible care. Such a feeling unfortunately is not a fancy on our part. Sad experience has taught us that a worker seldom has all of the knowledge which she needs to responsibly supervise a small baby—even though the worker be intelligent, well trained and able. Extraordinary things have occurred. Our nurse discovered that one baby had been fed for two months on Borden's Condensed Milk and Karo formula, instead of Borden's Evaporated Milk—because the foster mother did not catch the distinction between Borden's Eagle Brand and any other Borden milk, and because the village storekeeper advised condensed milk! Thus the baby was receiving a double supply of sugar. Another foster mother was putting a gen-

erous amount of baking soda into the baby's formula every day because she thought it was so good for the system—and had not considered it important enough to mention to the worker. Still another foster mother was using a cough syrup heavily loaded with an injurious drug; she had casually mentioned to her family doctor that she was using a home remedy and both she and the worker felt that his approval was implied. One worker had not caught the distinction between agarol and argyrol—with strange results. And the use of laxatives was legion.

We feel that a trained nurse who is interested in babies is essential for our agency if we are to be responsible for physical care of babies. Many may reply that the foster mothers know how to care for babies and the responsibility is theirs anyway. But what of the new foster mother who has never had a baby or whose own child is now an adult? What of the foster mother who feels so entirely adequate that she shuts out the worker in discussing details of physical care, and who feels perhaps that such facts are unimportant to agency and worker? We have found that such a foster mother is more apt to discuss physical problems with a nurse who admittedly knows more than she about the physical care of babies, with the result that certain problems in a baby's care can be more speedily discovered and more happily adjusted.

Once the decision to have a nurse on the staff is reached, the problems have just barely started. We want a nurse but we also want a worker skilled in responding to and assisting with the subtle relationship between baby and foster mother, foster parents and own parents, and own parents and baby. This is obviously too much of a load for a nurse, no matter how able she may be. The answer, which is ideal but almost impossible to achieve, is perhaps a registered nurse who is also a trained social worker. Although the two professions work closely together, their individual training is so different as to make it extremely unlikely that either will also take training in the other's field. On the surface the problem seems insurmountable.

Actually it is possible to find many a nurse who has enough interest in the individual as a person, with emotional as well as physical needs, who has enough interest in learning the so-called "mental hygiene

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BULLETIN

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IN HONOR AND IN MEMORY OF C. C. CARSTENS

THE BOARD OF DIRECTORS of the Child Welfare League of America has planned a memorial meeting to be held at 2:30 P.M. on Saturday, October 21, 1939, in the Assembly Hall of the Russell Sage Building, 130 East 22nd Street, New York City. It is hoped that the many friends of Mr. Carstens will attend.

Memorial Publication

IT is planned to make the November Monthly BULLETIN a special issue as a memorial to Mr. Carstens. The interesting historical résumé which he gave at the Child Welfare League's Annual Meeting at the time of the National Conference of Social Work in Buffalo in June, 1939, will be printed in full, along with a short biographical sketch and foreword. Mr. Carstens' material reviewed nineteen years of growth in the child welfare field. He indicated the part played by the Child Welfare League in this development.

In addition to Mr. Carstens' paper it is planned to print the addresses made at the Memorial Meeting to be held on October 21st.

Board Meeting

THE fall meeting of the Board of Directors of the Child Welfare League will start with a 6:30 dinner on Thursday, October 20. There will be other meetings of the full Board and Committees all day Friday and on Saturday morning, and the sessions will end with a Memorial Meeting for Mr. Carstens. This is an extremely important meeting, as the report of the Committee on Reorganization will be presented, outlining the basic future program for the League.

New Publications

THE Family Welfare Association of America, during the summer, issued two pamphlets of considerable interest. One, "Cooperative Case Work," a collection of articles containing suggestions for better co-ordination of community work will be of interest to all social workers. The price is 60 cents. The other publication, "Development of Staff through Supervision," will be of interest to case work supervisors in all agencies. It is a reprint of seven articles from *The Family* by Bertha Reynolds, Leah Feder, Grace Marcus, Margaret Kauffman, Lucia Clow, Helen Perlman, and Amelia Igel. The cost is 35 cents.

The Children's Bureau of the United States Department of Labor has published the papers and discussions from the first session of the White House Conference on Children in a Democracy, which meeting was held in Washington on April 26, 1939. The initial session of the Conference brought together more than four hundred men and women prominent in many fields of national activity. Their discussions provided a cross section of opinion on some of the influences surrounding children in the United States today, their needs and our responsibility for meeting these needs. The published volume contains excerpts from these discussions as well as the texts of the addresses by President and Mrs. Roosevelt and other officials and members of the Conference.

The Social Work Publicity Council announces two new publications. In "Good Press Relations" twenty-two editors and reporters in thirteen cities have discussed the building of good relations with the press. This is interesting material, practical and thought-provoking. Mimeographed, twenty-one pages, 50 cents.

The other—"Filming Social Facts"—by B. N. Skellie of the Willard Motion Picture Company, tells how to work with the producer, what to expect from him, and what he may expect from us. Arch A. Marcey of the U. S. Film Service discusses the documentary film in social work, when it should be used, selection of subject matter, research and preparation. Elsa Volckmann of the Motion Picture Bureau, Welfare Division, Metropolitan Life Insurance Company, discusses licenses and approvals, sponsorship of the film by other groups in order to obtain ideal distribution, approach to theaters, how to ship and handle prints, and probable costs. Mimeographed, nineteen pages, 50 cents.

A Foster Mother Speaks

THE following statement was written by a foster mother of one of our member agencies as a contribution to a panel discussion on the agency's work. Its natural expression indicates so clearly that intangible quality of service which is not purchasable, that we feel you would be interested in having the material just as it was written:

"You have asked me a very personal question, which I will answer in a very personal manner, and speak directly of the children.

"I find my greatest satisfaction in watching the children develop into healthy normal INDIVIDUALS, in knowing they have overcome physical and emotional handicaps because of my help and guidance.

"When my children were nine and ten, I became foster mother to a brother and sister. The girl was six, the boy seven, when we first met. Coming from an inadequate home, both children suffered from malnutrition and bad teeth. The girl's vision was so defective she had lost the ability of relying on her sight. She had learned to use her hands instead and had to feel objects instead of looking at them. Her schoolwork was far below average because of this. Our constant reminder was 'LOOK at what you're doing. What do you SEE?' It was fully a year after she had been fitted with glasses that she learned to use her sight properly. Besides the great handicap of poor vision, the child had only a few decayed teeth with which to chew her food. Most of her teeth had been pulled because of their deplorable condition. The dentist put a great amount of time and labor into making her a false set of teeth. Think of a child of six needing and wearing false teeth! With the use of calcium wafers and a well-rounded diet, her gums developed, teeth began to form, until today at ten years she has an almost complete set of teeth.

"The boy, at seven years, presented an entirely different problem. He was a bewildered, terrified child, emotionally FROZEN. He was afraid of everything and everyone. Shadows at night, loud noises, bridges, subways, water, strange children—were all cause for fear. He withdrew from any sign of affection or any show of emotion. The first time we had to go on the subway he became so terrified he grew rigid. I pretended we had to wait for our train, we sat and talked of how the subways were built, what caused the loud noises, why the train went so fast, until he relaxed. Then I casually remarked that our train should be next. After the preparation he did get on the train but sat tense until we reached our station. At night, when I tucked the children in and kissed them good-

night, he would pretend to be asleep. In some way I managed to touch him each night. Perhaps a pat on the shoulder or I brushed the hair from his forehead. It was a long time before he gave any response but finally he did and I'll never forget the thrill I got the first time he asked me to kiss him good-night. He never volunteered news of school and when asked how he was doing, he never knew. I had to question him about his teachers, studies, to show him we were interested in all his activities. He began to emerge from his shell, and today he leads his class, is on the safety squad, plays on all the boys' teams, leads a normal, active life. He rushes home to tell of the day's work, is proud of his excellent marks, and earns his spending money by doing small daily chores. He radiates warmth of personality.

"I have derived many benefits from having these children to mother. Because of them we moved to the suburbs, where we have a dog, seven ducks, and two gardens. The children have their own flower garden and we all help in the vegetable patch. I had to learn to swim, for how could I tell them not to be afraid to swim when I was scared to death? Now we all swim and dive, or rather they dive—I just hold my breath and flop! Most of all they keep me young. How can I feel old sitting on the floor playing jacks, or worrying how to make the doll's hat fit? And what is age when you are on a pair of roller skates? There are so many more satisfactions from being a foster mother, but I think the greatest is the knowledge that I have helped create a sense of security, a feeling of confidence and a desire for love in two children."

Stefan in Jordanstown, by Josephine Johnson

"THEN I remember coming in, blinking at the light, and my father was there, come back from some long trip, talking and laughing at the table—he had a loud good laugh . . . Then he picked me up, surprised, and shouting how much I'd grown. He held me on his lap, and picked off the clung grass, and we spelled our name on the table, making letters out of the clean wet blades. I remember looking out and could see still the high lumps of the lilac bushes, and the window light on a bird basin of water, and I thought how it will be there tomorrow, and all of the tomorrows—and no feeling of hurt or of things passing not to come back—only the peace and quiet—these things we must have to remember in our lives—these things, and the knowing that we are wanted—welcome and wanted, not just let to live because we were born."

Children Living With Relatives

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Anna could not pay for Tessie's board, she was not going to keep Tessie. She "was not running a free boarding house for every Tom, Dick or Harry that came along, and Tessie could get out and go to an institution." To hear such a shocking revelation of your grandmother's true feelings about you is devastating even to an adult if he had formerly felt himself the object of the grandmother's affection.

At times living parents paying board may have strife with the relatives over the fact that sufficient is not given the child for the money involved. This problem can be so complicated and make for such maladjustment all around that professional suggestions should be sought. Relatives will cause no misunderstanding by refusing a toy with "I'd like you to have that, Jack, but *we* can't afford it now," whereas, "Your mother does not pay me enough to get you those things," is almost sure to court disaster.

In deciding with whom a child should live it is imperative that the child's wishes be given serious consideration. He may choose to live with an uncle in preference to an aunt, although everyone concerned knows that the aunt is a fine, unselfish woman. At times well-intentioned relatives then feel very sensitive and upset, being quite unable to understand what looks like mere whimsy or caprice in this little boy. They make matters worse by asking the child for an explanation, which confuses him, because he cannot figure out the reasons for his feelings himself. It may turn out that in working with the child we find he had unhappy traumatic experiences with an impatient, intolerant mother and he fears women in general no matter how fine they may be. Such children may need special help and treatment to overcome their fears before they can make a good adjustment with the most tolerant of aunts. Frequently relatives come to us baffled by the withdrawn, cool defiance of a child whom they have made every effort to win and reassure. Usually these children have had such disappointing, unhappy experiences with adults in the past that they cannot trust anyone, no matter how kind, without some kind of treatment such as can be gotten at a Child Guidance Clinic.

The presence of the relatives' own children in the home need not be, but often is, a serious complication. The little newcomer, no matter what age, will bring with him keen awareness of the difference between his and their status. One 7-year-old boy said to me, "There are two children there—their *own* boy and

me." Only a very patient, understanding relative can smooth the way for the child through complete impartiality. Their own child may resent the newcomer greatly and these parents will need to be unusually warm and skillful to handle this situation and they may need professional help.

Many people ask us how the matter of age affects the possibilities for adjustment. There are so many other important factors acting that I hesitate to make any statement about age unless it be that the infant under 1½ to 2 years may have a less difficult adjustment. One child of 4 at a certain level of emotional development may transfer his feelings to the relative with ease, whereas another of 4 may be greatly disturbed. The level of the child's emotional development is determined by many factors besides age and only the specialist can evaluate this.

I have talked considerably about the emotional state of the child. Of vital importance in the future happiness of the child and relatives is the understanding, if possible, of the general intelligence of the boy or girl. Too many relatives, in the excitement of recent bereavement, may impulsively take the little orphan only to suffer keen disappointment later when the child turns out to have only average intelligence or less. This may affect the child's happiness markedly in that he may feel driven to achieve far more than he has the capacity for, or he may sense the disappointment and even rejection on the part of the parent relatives. Intelligence examinations in the very young child are not reliable, but from the age of 3 or 4 years up, we are on fairly safe ground. This is likewise a job for the specialist to evaluate, for too many relatives find that their initial judgments of alertness and cleverness may be errors.

You may think, "Why make it so complicated—children forget things easily and don't take things half so hard as you make out." The answer is, "Children take all things very seriously, and that silence which they assume on many an unhappy subject should not be mistaken for forgetfulness."

We would do well to remember that whatever way in which the child responds is determined by two things—our attitude and behavior toward him, and what the child's previous experiences have been and meant to him. A secure child is a happy child. A sullen, angry, silent, boastful, destructive, sly, undependable, or withdrawn child is an insecure little person who needs understanding and help badly. Relatives and child both have a right to a healthful, affectionate relationship, and no stone should be left unturned in securing the understanding that may insure this.

In Support of a Staff Nurse

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point of view" of a social agency to fit into a trained case work staff. If the nurse has a happy disposition, a sincere interest in people, a general acceptance of social case work as a function which is responsibly carried, and a wish to learn and grow emotionally, she will be a welcome addition to the staff. Experience in public health nursing or hospital social service may provide an excellent preparation for nursing in a children's placement agency. Also the nurse's lack of social case work training may even be an asset in giving her an objectivity and directness in working with health problems. The process of discovering how the nurse will carry her individual function of supervision of physical care of babies and how she will fit into a staff of case workers may be difficult.

In the Children's Bureau of Delaware we started by giving our nurse full responsibility for all the babies under six months of age. In some cases she carried the parents as well as the baby. Although not equipped by training to carry this responsibility, she was by nature and disposition well equipped to experiment. Of course, we soon discovered our mistake. It was too much to expect her to carry responsibility for the involved situations which actually arose between foster parents and own parents, or foster parents and baby, when the emotional needs of both were in conflict. Our nurse could not be what she was not. She could not be a responsible case worker carrying the particular agency function of placement of children in foster homes when she was in reality a nurse.

Then we went to the other extreme. The worker carried responsibility for every detail of supervision, including physical care of the baby, and called the nurse only when the baby seemed sick or the foster mother worried about a health problem. This arrangement made the nurse a kind of automaton who went out when the button was pressed, almost as a doctor might—without being a doctor. The plan was dull and lifeless for the nurse. Even more important, this plan failed to provide for the baby the real benefits of the nurse's experience. Once more we learned.

We finally discovered that the happiest arrangement was a division of labor: the nurse was to be responsible for the physical—health—supervision of the baby, while the worker was to be responsible for the social and emotional supervision of the foster home, which meant, too, responsibility for working with the parents of the baby. The following outline,

which was worked out first with the nurse and then with the staff, is now a part of our office manual:

PROCEDURE FOR USE OF BUREAU NURSE

(Applies to all babies under one year)

1. Pre-placement: After the worker has chosen a home for the baby, if this is a new home, the nurse visits before placement, in order to find out what the foster mother's past experience, if any, has been with babies and to explain to her the clinic service and the agency plan for supervision.
2. Within two days after placement in the foster home, the nurse visits again to discuss with the foster mother any questions which may have occurred or any difficulties around physical care which the foster mother may be experiencing.
3. The nurse visits once a month to discuss with the foster mother any problems revolving around care of the baby, suggestions of the doctor, or questions of the visitor. At the time of her visit she takes the appropriate health care, explaining care of the baby at that age.
4. The nurse is available in between monthly visits if worker, foster mother, or doctor requests that she visit for a special purpose.
5. The nurse is also available for half an hour every week before clinic if the foster mothers want to have conference with her in reference to the baby's care. This gives the nurse an opportunity to follow through some of the foster mother's problems.
6. The nurse has worked out a detailed outline giving the points in physical care of the baby for which she looks in the foster home; workers are responsible for reading this material to gain a background of understanding of the nurse's work. A regular conference is held with the nurse and the worker after the nurse's monthly visit to the foster home, in which the nurse gives details of her recent visit to the foster home.
7. Sick calls are handled in the same manner as calls for older children, with the nurse visiting before calling the proper doctor and being responsible for cooperative assistance to the visitor.
8. The nurse is responsible for recording her visit, while the worker is responsible for recording the joint conference with the nurse.
9. All baby clothes are kept in the clinic cupboards and the nurse is responsible for them.

Of course, such an arrangement presents difficulties. It is always difficult to split any individual, even a baby, into two segments—one physical, one emotional and social—when in reality he is a complex whole. Such a plan could not work if a staff were not well coordinated and understanding of personality differences. However, the plan is working so well that it has astounded us. Its saving grace has certainly been in working out clearly the function of each individual—both case worker and nurse. Although problems may arise and do arise, they can be amicably and helpfully settled through conferences.

To many agencies this plan would seem impossible, but practical results speak for the soundness of the plan for our agency. According to the doctor, our babies are better physically. We know that we can responsibly place them sooner for adoption. We know that we are responsibly supervising the physical care of our babies and that we are really coordinating a medical health program with a responsible case work supervision of foster home placement.

Book Review

ONE HUNDRED THOUSAND DAYS, by Dorothy Ketcham, Director, Social Services, University Hospital, University of Michigan. Edward Brothers, Inc., Ann Arbor, Michigan. 1939. 477 pp.

THIS story of 100,000 days of illness is the interesting chronicle of the results of a study of two hundred seventy-five children who spent that many days in the University Hospital, University of Michigan. The study material extends over a sixteen-year period. The focus is on the individual children who participated in the activities programs of the Departments of Social Services. The Social Services include case work, hospital school, occupational therapy, special activities and library. These services are geared to plan together to give the child undergoing hospital treatment as nearly a normal experience as possible including school program based on regular state curricula but with a progressive emphasis. Learning experiences through reading, recreation, handwork, care of pets, indoor gardens and homemaking, are provided. A wealth of equipment is available for bed as well as ambulatory patients, but use of waste materials and economy in planning are emphasized in the occupational therapy and special activities program.

Each department, under the leadership of competent personnel, has as its primary object the growth of the child, the courageous facing of illness and handicap and normal activities which lessen loneliness and isolation.

Case work service keeps the awareness of the child as part of his family a constant purpose through interpretative letters and interviews, constant contact with the child's progress and discussion with him of his family interests.

Ninety-four per cent of the cases were surgical. Expected results of medical treatment are analyzed. Interesting and telling charts and pictures help to tell the story. Philosophy is interwoven with factual data and descriptions of method.

Especially interesting and enlightening is the fact that participation in social activities can be motivated even in patients almost entirely immobile. An optimistic note prevails in this study. Yet fears, anxieties, frustrations, are listed which the case worker meets with frankness and objectivity. Treatment of social problems surrounding illness is not on a deep level. Nothing is said of psychiatric and psychological contributions. The emphasis is educational.

The Appendix is of interest to the teacher and occupational therapist, as it gives materials used, aims of projects developed, and demonstrates teaching values.

This study opens up thrilling possibilities in constructive, positive values from the experience of illness. It points out ways in which hospitalization can also mean socialization. A very worthwhile book for social workers, dealing with medical problems, also hospital administrators.

—ELIZABETH E. BISSELL, *General Secretary*
The Children's Mission to Children, Boston, Massachusetts.

Fall Meetings

THE National Association for Nursery Education will hold its Biennial Conference in New York, October 25 to 28, 1939, at the Hotel Pennsylvania. The Conference theme will be "Nursery Education Today and Tomorrow." There will be general sessions with speakers of national fame, representing outstanding practices, modern theory, and current scientific research. Discussion groups will be held, and will have as leaders and participating discussants specialists from the fields of medicine, nursing, nutrition, education, psychology, mental hygiene, home economics, social service, parent education and lay groups. The Conference Banquet will take place on Friday, October 27, at 7 P.M. The speaker will be Mrs. Linda Littlejohn of Australia.

The Child Study Association of America will hold a two-day Institute on November 17 and 18 at the Hotel Roosevelt, New York City. Discussion will center about controversial areas in today's thinking about children. Specific topics will be "Habit Training as a Factor in Personality Development," "Psychotherapy in Childhood," and "Intelligence Testing Today." Outstanding persons in their fields have been selected as the speakers and the meeting should be of considerable interest.

Adoption Article Reprints

WE HAVE several requests for reprints of the adoption article—"Traffic in Babies," by Mona Gardner, which appeared in Collier's Magazine, September 16, 1939. We can get reprints in quantity as follows:

10,000 @	\$10.00 per M
25,000 @	8.00 per M
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By pooling our orders we can take advantage of these prices. Can you use any reprints? How many do you want? Airmail or wire your order at once to the Child Welfare League of America. Prompt action, please!